

American Amateur Karate Federation

NATIONAL TRADITIONAL KARATE GOVERNING BODY OF THE UNITED STATES

NATIONAL OFFICE

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DAN RANKING REGISTRATION FORM

Registration for DAN I. **Applicant Information** Name: _____ _____Years of Karate Training: _____ Sex: _____ Birth Date: _____ Style: _____ Mailing Address: City: _____ State: ____ Zip: ____ Telephone: _____ Fax: _____ E-mail: _____ Club Name: Region: **Present AAKF KYU/DAN Ranking Registration:** II. Reg.#: _____ Date Received: _____ Present Kyu/Dan Ranking: _____ III. **DAN Examination Information:** Location: Date: List of Judges: Signature of Applicant Fee Provided Date APROVED BY: Name:_____ Signature:_____ Date: Name: Signature: Date: Signature:_____ Date:_____ Name: Name:_____ Signature:_____ Date:_____ Date:_____ Name: Signature: Name:_____ Signature:_____ Date:_____